Board of Health, City of Baltimore,
Permit No. 99290 Office of Registrar of Vital Statistics. Ward 12
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled
out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Cffred 6/8/
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 6 5 Years, Months, Days.
Color, Colored
Maried, Single, Wildower Cross out the word now
Occupation, Cook
Birthplace, {State or country, and how long in the United States, if or foreign birth.
Duration of Residence in the City of Baltimore, / 20072
Place of Death, {Give street and }
Cause of death First, (Primary,)
Cause of death, Second, (Immediate,) Thillies ,
Duration of Last Sickness, A The
All the above information should be furnished by the Physician
Place of Burial, Marie 9
Date of Burial, Chr 17 788 26 Hosts with D.
J. Undertaker, Cle Menisles Medical Attendant.
Place of Business, 56/ archard Address, 418 W. Biddle

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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		CVCY						·			

Permit 10. 99291 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 16, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, S Years, - Months, Days
cylor, W
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, Story of foreign birth.
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and } 2006 6. Chase It
First (Primary), The Woman accasionally had the
Cause of Death, Second (Immediate), night She was found between lane
Duration of Last Sickness, See Oelock Clead All the above information should be furnished by the Physician.
Place of Burial, WEStern Come eng
Date of Burial, Cyfrus 18th
(Undertaker, C. U. R. Bandell) Medical Attendant.
Place of Business / 608 miller JAddress, 1101 1. 1 Froadway

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The openin Accondition Thysicians	is nespectiony invited to the ne	marks below, and to	list of diseases on back of t	his Certificate
Health	Department,	City of	Baltimore.	~ 4
Permit No. 99292	Office of Registrar	r of Vital St	atistics. Ward	8
to the Undertaker or other person st requested so to do, under penalty of	ny person in a last illness, is respondent uperintending the burial, within	onsible for the presen twenty-four hours after	etation of this Certificate, accept the death of said deceased	urately filled out i, or sooner, i
CER	TIFICATE	OF D	EATH.	0
Date of Death, 4.	17. 1887	THE PARTY OF THE P		
Full Name of Deceased, $\left\{ \begin{smallmatrix} v \\ c \\ c \\ c \end{smallmatrix} \right\}$	Vrite legibly and spell orrectly. If an Infant lot named, give names of parents.	ey ad	und	
Sex, Male or Female, { cross requi	out the word not red in this line.			
Age, 8	Years, 3 ·	Month	s,	Days.
Color, White			-/-	
Married, Single, Widow or	Widower, {Cross out the word required in this lin	s not }		
Occupation,			V	
Birth Place, State or country, and long in the United Stiff of foreign birth.	how Balfo	· led		-
Duration of Residence in	the City of Baltimore,	au	her life	
Place of Death, Give Street and Number.	66 13	undary	are No	MA
Cause of Douth	mary), Rheuma mmediate), Endo co		* Droping	
Duration of Last Sickness All the above information should be fu				•
Place of Burial, Green	a Mount.	1		
Date of Burial, April	9 9th 1887	110	U	
(Undertaker H Leur	s & chargen	La Care	y o lune	M. D.
Place of Business, 316	h Fremont Ad	dress, 12 2 8	madison (ove_

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Bepartment, Oity of Baltimore.
Permit No. 99293 Office of Registrar of Vital Statistics. Ward //
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or somer, i
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
MODE WO.
Date of Death, April 174/87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Male
Age, Three Years, Two Months, O Days
Color, Zight brown
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Arma V
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Three years two months
Place of Death, {Give Street and } No 27 Moris Ally (old No)
(First (Primary), Malareal fever
Cause of Death, { First (Primary), Malureal fever Second (Immediate), Couvilsions
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Anaholis Ma
Date of Burial, April 18" 87
(Undertaker, The flowing Coen de Bother M. D. Medical Attendant.
Place of Business, 210 1/ Millery Address, Con Malbery & Green Ho
Extract from Pagulations of the Roand of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Bepariment, Gity of Hallimore.
Permit No. 99294 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the buried, within twenty-four hours and the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE DEATH.
Date of Death, Com 16 1886
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, ST Years, Months, Days
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not } {required in this line.}
Occupation, Hour at Tune of death
Birth Place, {State of country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Work 18 19 Eart
Place of Death, {Give Street and } 1211 Corolf Sh
Cause of Death, { First (Primary), Old age Second (Immediate), Eschaustron
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial Denielly
Date of Burial, Coffee 19 th 187 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Undertaker, Sand W Chave Medical Attendant.
Place of Business 64 & Howard & Address, 733 7 Droubury
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health I	Pepartment,	City of	Baltimor	re.
Permit No. 99295 0	fice of Registrar	r of Vital St	atistics W	ard 16 4
The Physician who attended any to the Undertaker or other person superequested so to do, under penalty of law	person in a last illness, is resperintending the burial, within	ousible for the present	tation of this Certificater the death of said de	e, accurately filled out
No PERMIT FO	OR BURIAL CAN BE OBTAIN	D WITHOUT A PROP	ER CERTIFICATE.	1
(BECHELON)	IFICATE	OF D	EATH.	0
Date of Death,	ne 16/87	ORE MO		
Full Name of Deceased, $\left\{ egin{array}{l} ext{Writ} \\ ext{correlator} \\ ext{not } ext{p} \\ ext{of period for period } \end{array} \right.$	e legibly and spell ctly. If an Infant named, give names	o Ben	ahar	
Sex, Male or Female, (Cross out required)	the word not }	mule		
Age, 63	Years,	Months	,	Days.
Color,	white			
Married, Single, Widow or V	Vidower, {Cross out the words required in this line	not }		,
Occupation,	Find	Sal	022100	: 1
Birth Place, State or country, and how long in the United States if of foreign birth.	Solar	ed)	- 11 3	1/
Duration of Residence in the	e City of Baltimore.	6 1	mas	1/
Place of Death, {Give Street and Number.}	5001	Paca	is	7
Cause of Death, $\left\{egin{array}{l} ext{First (Primary Second (Imme})} ight. ight.$), ded	ago enia		•
Duration of Last Sickness,		vser-		
Place of Burial, Texas	2, n. C. R.	Ro		
Date of Burial, Africa	(18/84)	B.	12.	
Undertaker, J. 13.	Cook	noa	Medical Atte	M. D.
Place of Business, 1003	W.18 altra	less, leas	· VYn	cares
Extract from Regulations of the Boa	rd of Health to secure a	full and correct re	cord of the Vital	Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore.
Fermit No. 99296 Office of Registrar of Vital Statistics. Ward 12
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurating filled out, to the Undertaker or other person superintending the burnel, within twenty-four hours after the death of said deceased, or somer, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 75 10 88)
Full Name of Deceased, { Write leably and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, {Cross out the word not } required in this line.
Age, 16 Years, 3 Months Days
Color, white
Married, Single, Widow or Widower, (Cross out the words not) required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, } Pattimore models of foreign birth.
Duration of Residence in the City of Baltimore, 65 3 m
Place of Death, {Give Street and }
First (Primary), Valvular Disease of the Head
Cause of Death, Second (Immediate), Several Dropos
Duration of Last Sickness, Kus veer 2ck for 3004 years
Place of Burial, Glandy Cena
Date of Burial, April 18th 1887 William Lee M.D.
Undertaker, Stewart & Mouven Medical Attendant.
Place of Business 35 Park ave + Address, 339 A. Entant at

Extract from Regulations of the Board of Health to Secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ar as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and he cause and date of death.

The special state of the speci
Bealth Department, City of Baltimore.
Permit No. 99797 Office of Registrar of Vital Statistics. Ward
to the Undertaker or other person superintending the buriel methic for the presentation of this Certificate, accurately filled or
requested so to do, under penalty of law. No Permit for Burial can be Oblained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Afril 16 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Iniant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line. }
Age, English Years, Three Months, Day
Color, Toblute.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, for of foreign birth.
Duration of Residence in the City of Baltimore, Frang gean.
Place of Death, {Give Street and} Ino. 1819 / Langord ave.
Cause of Death, First (Primary), Cultume
Second (Immediate), Old age decay of vitality.
Duration of Last Sickness, Deveral munth. All the above information should be furnished by the Physician.
Place of Burial, Baltimor Cometery
Date of Burial, Spril 18: 1887)
Undertaker, Fred Gaede Cing. a. Otewell M. D. Medical Attendant.
Place of Business, 108 S. Caroline Anteress, 1741 Harford and
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the can had date of death.

Bealth Department, City of Baltimore.
Termit No. 7 1/1 Office of Province
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled requested so to do, under penalty of law. No PERMIT FOR BUNNAL CARREST OF WILLIAM STATISTICS. Ward Ward Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled requested so to do, under penalty of law. No PERMIT FOR BUNNAL CARREST OF THE PROPERTY OF THE PROPE
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Charlescare.
DURIAL CAN BE OBTAINED WITHOUT & PROPER CENTRICATE.
CERTIFICATE OF DEATH.
Date of Death, April 17th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }
Sex, Male or Female, {Cross out the word not }
Age, Wantha
Color, Day
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, [required in this line.]
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 54
Place of Death, {Give Street and } 166 Dollah Ch
Course of Doods First (Primary),
Cause of Death, Second (Immediate), Charme Carohola
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Saltimore Cem
Date of Burial, April 19/67
(Undertaker, Chas J Schward Edward, A. Chard M. D.
Place of Business, 9 2 5 Madison Address,
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Bealth Department, City of Baltimore.
Permit No. 99799 Office of Physics of Section 1/1
The Physician who arended any person in a last illness, is repossible for the presentation of this Carlo
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled our requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH
Date of Death, Openil 16_87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } {required in this line.}
Age, 36 Years Months
Color, Days.
Married, Strigte, Widow or Widower, {Cross out the words not }
Occupation, (required in this line.)
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Line of Disth
Place of Death, {Give Street and } 539 Elbow Same
Cause of Death, Second (Immediate), Submission Sulmon L.
All the above information should be furnished by the Physician.
Place of Burial, Sparksteensleed
ate of Burial, April (8859)
Undertaker, Ho Ros & J. Anle frick M. D.
Place of Business 1414 Con 111 April 17 18

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.